



FUNDS FROM THE
AMERICAN RECOVERY
AND REINVESTMENT
ACT OF 2009
MADE THIS
TRAINING POSSIBLE

Poly-Pharming Prescription Drug Abuse

Bruce R. Talbot retired in 2002 after 25 years of police service, and has become a noted national speaker on the topic of gateway drugs. Sergeant Talbot's specialty is teaching drug and alcohol recognition classes across the country. His class, sponsored by the ARRA grant, will cover the following:

- Current trend of prescription drug abuse and impact on Indiana Law Enforcement.
- Definition and examples of Poly-Pharming, Black Market Drugs, Gray Market Drugs, and White Market Drugs.
- Successful community control scheme to reduce prescription drug abuse.
- Eye clues and physical symptoms; determining influence of prescription stimulants, depressants, narcotics, and illicit cannabis.
- Differences in potency between prescription narcotics Vicodin, OxyContin, and Fentanyl as they relate to illicit heroin.
- Discussion on new cannabis products such as Firecrackers, Green Dragon, and Pot Shots.
- Discussion of limitations on chemical drug testing to confirm prescription drug abuse.
- Example of successful gray market drug control.

- **DATE: JUNE 9, 2011**
- **\$25.00 Registration Fee covers breaks, any hand-out materials, and guaranteed seating.**
- **Location of Training:
Batesville Police Department**
- **Address: 104 E. Catherine Street
Batesville, Indiana 47006**
- **Check-in at 8:00am**
- **Class Time: 8:30am - 4:30pm**
- **You MUST register in advance! Use our on-line registration form or simply print the second page; you can fax or mail the form.**
- **Registration forms can be completed on-line at IDEA's website: indianadea.com**
- **This ARRA course will be hosted by the Batesville Police Department**



\$ 25.00

Indiana Drug Enforcement Association
1104 West 200 North
Peru, Indiana 46970

Phone: 800-558-6620
Fax: 765-472-0852
E-mail: april@indianadea.com

REGISTRATION FORM

Poly Pharming – Prescription Drug Abuse Batesville, Indiana

Registration Fee: \$25.00

Name: _____

Dept Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Email Address: _____

Telephone: _____ Cell Phone: _____

☐ Check Enclosed ☐ Invoice My Department

☐ MC ☐ VISA ☐ AMEX

Card Number: _____ Expiration Date: _____

Name as it appears on credit card: _____

Complete billing address for card: _____

Include City, State, and Zip: _____

Register On-Line: www.indianadea.com

Mail or Fax Registration To:
Indiana Drug Enforcement Association
PO Box 1301
Logansport, IN 46947
FAX: 765-472-0852

Open to All Law Enforcement